# Please complete and return as indicated on page 3.

# Arizona's Tenth Annual Transition Conference "Designing the Future"

# **Scholarship Application**

A limited number of scholarships are available to enable youth and young adults with disabilities and/or their family member/personal assistant needing financial assistance to attend Arizona's Tenth Annual Transition Conference. Scholarships can assist with conference registration fees, lodging costs, or both.

### **Eligibility:**

Eligible applicants must be Arizona residents and must also fit in one of the following categories:

- 1. Youth/Young adult between the ages of 14 and 22 years with a documented disability;
- 2. A family member of a youth/young adult with a disability who is between the ages of 14 and 22 years; or
- 3. A personal assistant to a youth/young adult attending the conference.

#### **General Information:**

Arizona's Tenth Annual Transition Conference, "Designing the Future," will be held at the Talking Stick Resort, 9800 E. Indian Bend Rd., Scottsdale, AZ 85250, on September 21-22, 2010. If more than one person (i.e., youth and family member/youth and personal assistant) is applying for a scholarship, please provide information for each attendee on this form.

Youth/Young Adults -- Please complete Sections 1 and 3.

Family Members or Personal Assistants – Please complete Sections 2 and 3.

## Section 1: Youth/Young Adult Application

| Name ( <i>please print</i> ):     |                             |           |
|-----------------------------------|-----------------------------|-----------|
| Age                               | Date of Birth               |           |
| Street Address:                   |                             |           |
| City:                             | State                       | Zip       |
| Telephone:                        | E-mail Address:             |           |
| School:                           | Grade                       | Graduated |
| Do you require a personal as:     | sistant to attend with you? | □ No      |
| If yes, please fill out Section 2 | 2 for this individual.      |           |

| Section 2:                | Family Member or Persona  | l Assistant Applic                     | ation   |  |  |
|---------------------------|---|--|---|--|--|
| Indicate type             | e of application:   | Personal A                             | ssistant  |  |  |
| Name ( <i>plea</i>        | se <i>print</i> ):  |  |   |  |  |
| Street Addre              | ess:  |  |   |  |  |
| City:                     |   | _ State                                | Zip   |  |  |
| Telephone:                | [   | E-mail Address:                        |   |  |  |
| Are you acc               | ompanying a youth/young ad  | ult? 🗌 Yes 🗌 N                         | No  |  |  |
| If yes, what              | is his/her name?  |  |   |  |  |
| Is this youth             | /young adult also applying for  | r a scholarship? [                     | Yes No  |  |  |
| Section 3:                | To be completed by ALL ap   | pplicants                              |   |  |  |
| I am applyin              | g for a scholarship that will as  | ssist with ( <i>check al</i>           | ll boxes that apply):                                       |  |  |
| Conference                | registration fee (check day(s,  | ) you wish to attend                   | <i>I):</i>  |  |  |
|                           | Monday, September 20, 2010  |  |   |  |  |
|                           | Tuesday, September 21, 20   | 010                                    |   |  |  |
| Hotel costs for lodging): |   | e from conference                      | e facility (check night(s) needed                           |  |  |
|                           | September 19, 2010 (Sunda   | ay night)***                           |   |  |  |
|                           | September 20, 2010 (Mond  | • • ,                                  |   |  |  |
|                           | September 21, 2010 (Tueso   | day night)***                          |   |  |  |
| <b>on M</b><br>Shee       | onday morning to accommend to accomme | odate out-of-town<br>v with questions. | nference begins at 10:00am travelers. Please contact Lorrie |  |  |
|                           |   |  |   |  |  |
| Autho                     | orization code:   |  |   |  |  |
| Room is for:              |   |  |   |  |  |
|                           | Youth/Young Adult   |  |   |  |  |
|                           | Family Member   |  |   |  |  |
|                           | Personal Assistant  |  |   |  |  |

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#### **Special Notes:**

- The total number of scholarships awarded will be based on available funding and
  offered on a first-come, first-served basis. In the event that requests for scholarships
  exceed available funding, your name will be placed on a waiting list.
- Scholarship recipients are responsible for their own travel expenses to and from the conference, as well as dinner costs.

#### **Application Submission**

You may submit your completed application by e-mail (Jeannette.Zemeida@azed.gov), fax (602-542-5404) or mail to:

Arizona Department of Education Attn: Jeannette Zemeida 1535 W. Jefferson, Bin 24

Phoenix, AZ 85007 Phone: 602-542-3855

E-mail: Jeannette.Zemeida@azed.gov

Application deadline is August 13, 2010.

Registration and hotel information will be e-mailed to you upon approval of this application.

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